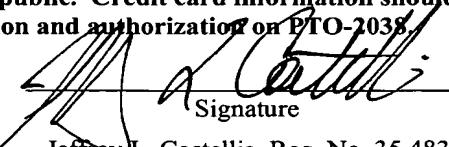


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|---|--|---|---|----------|--|-----------|---|----------|---|----------|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136 | | Docket Number (Optional) 740756-2626 | | | | | | | | | | |
| <p>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____</p> <p>Name: _____</p> | In re Application of Shunpei YAMAZAKI et al. | | | | | | | | | | | |
| | Application Number 10/603,019 For METHOD OF MANUFACTURING A SEMICONDUCTOR DEVICE HAVING THIN FILM TRANSISTOR AND CAPACITOR (AS AMENDED) | Filed June 26, 2004 | | | | | | | | | | |
| Group Art Unit 2818 | Examiner LE, Dung-Anh | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420)</td> <td>\$ 420.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010)</td> <td>\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>August 27, 2004</u> Date</p> <p> Signature</p> <p><u>Jeffrey L. Costellia, Reg. No. 35,483</u> Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420) | \$ 420.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010) | \$ _____ |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) | \$ _____ | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$210/\$420) | \$ 420.00 | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$475/\$950) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$740/\$1480) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1005/\$2010) | \$ _____ | | | | | | | | | | | |

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